



भारतीय आयुर्विज्ञान परिषद्  
**MEDICAL COUNCIL OF INDIA**

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077  
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

75  
YEARS

Platinum Jubilee  
(1933 - 2008)

No. MCI - 211(2)(Gen.)/2014-Ethics./ 155202

Date: 30/01/2015

To,

The Registrar,  
All the State Medical Councils,

**Subject:- Model Prescription Format for the purpose of making prescription by the Registered Medical Practitioners.**

Sir/Madam,

Please refer to this office letter dated 29.05.2014 seeking your opinion /observation on the proposed 'Model Prescription Format'.

Based on the observation/opinion received from the various State Medical Councils, the Medical Council of India has finalized the 'Prescription Format' for the purpose of making prescription by the Registered Medical Practitioners.

A copy of the same is attached herewith for your ready reference.

You are therefore requested to take further necessary action in the matter, accordingly.

Yours faithfully,

  
(Dr. Reena Nayyar)  
Secretary I/C

Encl.: As above.

Office of the Registrar  
36587  
6/2/15

Doctor's Name

Qualification (eg.MBBS, MD)

Regn. No.: ..... (ALLOPATHY)

Full Address, Contacts: (telephone No. E-mail etc.)

Date:

Name of the Patient.....

Address\*.....

Age& Sex ..... weight\*\*

Rx

1) Name of Medicine\*\*\*

Strength, dosage instruction, duration & total quantity \*\*\*

2) - do -

3) - do -

Doctor's signature  
Stamp

DISPENSED

Date: ..... Pharmacist: .....

Name of Pharmacy: .....  
City

\*Postal address/E-mail/Mobile

Number \*\*for Paediatric Patients \*\*\*

in capital letters only

Minimum size of the prescription blank should be (a) 14 X 21 cm (A5 size) & (b) XI x XI cm size.